

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES P E O P L E**

Full Name (Last, First, Middle Initial)

**A. TRIVEDI FOR CONGRESS**

Mailing Address 959 Firetower Road

City Birdsboro State PA Zip Code 19508

Purpose of Disbursement  
Contribution

011

Candidate Name

**MANAN TRIVEDI**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: PA District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		02		2014

Transaction ID : **SB23.46163**

Amount of Each Disbursement this Period

2500.00
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Full Name (Last, First, Middle Initial)

**B. WALSH FOR MONTANA**

Mailing Address P.O. Box 1724

City Helena State MT Zip Code 59624

Purpose of Disbursement  
Contribution

011

Candidate Name

**JOHN E WALSH**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: MT District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		04		2014

Transaction ID : **SB23.46162**

Amount of Each Disbursement this Period

5000.00
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Full Name (Last, First, Middle Initial)

**C. WOLVERINE PAC**

Mailing Address 607 14th Street NW  
Suite 800

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Contribution-void check from prior report

011

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For: 2013  
 Primary  General  
 Other (specify) ▼ PAC

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : **SB23.46157**

Amount of Each Disbursement this Period

-2000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

5500.00
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